



# MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) & CHILD READY MT

## MT EMSC CONNECTION NEWSLETTER

MAY 2017

This issue has information on April's health awareness topics -Simulation in Motion MT, Autism; hug in a bag; mock crash in Missoula; pediatric disaster training; and MORE! TRIVIA- answer & win a 2017 Broselow Tape- First 5 to email answers to Robin [rsuzor@mt.gov](mailto:rsuzor@mt.gov)

### SIMULATION IN MOTION TRUCKS ARRIVE IN MONTANA

*High-tech training trucks to bolster training opportunities for EMS, hospital staff in rural Montana*

Governor Steve Bullock hosted an event outside the Capitol in Helena to showcase three mobile high-tech simulation training trucks that have been provided to the State of Montana through a \$4.6 million grant from The Leona M. and Harry B. Helmsley Charitable Trust. The Simulation in Motion Montana grant brings life-saving tools and training via mobile simulation to emergency medical responders and rural hospitals across the state. The three identical trucks also include a suite of high-definition patient manikins used to simulate a wide range of medical emergencies.

"This is a terrific opportunity to increase the training opportunities for those who respond to medical emergencies every day," Bullock said. "With access to these incredible trucks, the critical training our first responders need will come directly to them in their communities all over Montana. The Helmsley Charitable Trust has made yet another tremendous investment in our state, and it's very much appreciated."

The primary goal is to provide education and training to rural EMS services and hospitals for training on advanced trauma and cardiac life supports. However, the new equipment will also be available to other stakeholders such as universities, colleges, and others who have a need for simulation education.

This partnership is a terrific opportunity to improve the health and lives of Montanans. Our rural emergency medical responders and rural hospitals face many obstacles to get this critical training. Now, the training will come to them, which is very important in rural Montana.

Jim DeTienne, the DPHHS Emergency Medical Services and Trauma Systems Section supervisor, said the grant will help address the challenges EMS services across the state face in accessing basic, advanced, neonatal, trauma, and cardiac life support training. "Our emergency medical responders need these critical courses, but face many hurdles including cost, travel distance from their facility to the course, and inability to provide time off for staff to attend training," said DeTienne.



## The Simulation in Motion Montana program complements two other existing Helmsley funding programs in Montana.

In January 2015, Montana received a \$3.2 million gift from the Helmsley Charitable Trust to implement a three-year Cardiac Ready Communities initiative. The funding purchased 222 automatic compression devices, called Physio-Control Lucas 2 Chest Compression Systems. Over the past year, MT DPHHS has been training first responders and hospitals on the devices. In March 2014, the American Heart Association announced \$4.6 million from the Helmsley Charitable Trust to implement a three-year Mission: Lifeline initiative to improve cardiac STEMI care.

## WHEN TO PICK THE NOSE IN A MEDICAL EMERGENCY

A growing number of U.S. emergency rooms are giving patients medication through the nose instead of via injections or IVs. The new approach is easy, fast and noninvasive. Healthcare providers simply place an atomizer attached to a syringe in the patient's nostril. When they push a plunger, a mist of medicine is released inside the nose.

Not only is that approach less painful than needles or IVs, it also reduces the spread of infectious diseases, according to the researchers. **In some patients, including children**, the elderly and the obese, the **intranasal approach can deliver medication to the bloodstream more quickly than an injection**, the researchers said. The study authors also noted that IVs and injections are difficult to administer in some patients, such as those who are suffering seizures or are combative, IV drug users with collapsed veins and children who are afraid of needles.

But giving medicine through the nose does have drawbacks. It costs more than IVs and the dose may not be large enough, especially for adults. In addition, the nose approach can't be used for those with some nasal defects or who have restricted blood vessels due to cocaine use. It also may irritate nasal membranes and leave an unpleasant taste in the back of the throat. The study was published recently in the journal *Annals of Emergency Medicine*.

## MOMS-TO-BE ARE HEEDING STORE WARNINGS ABOUT ALCOHOL

Drinking down 11 percent in states where liquor retailers must post signs, study finds-**Signs in stores warning about the harms of drinking during pregnancy appear to work**: New research shows boozing by mothers-to-be has declined 11 percent in states that require such postings. Those states have also seen a drop in extremely premature births (less than 32 weeks' gestation) and very-low-birth-weight babies (less than 3.5 pounds).

The largest impact of the signs has been among women aged 30 and older, according to the study. The study can't show a direct cause-and-effect connection. Still, the authors suggest that such signs are an effective, low-cost approach to protect the health of pregnant women and their babies.

The study results appear in the May issue of the *Journal of Health Economics*.



## DISTRACTED & IMPAIRED DRIVING PREVENTION

"Mock Crash Shows Teens Consequence of Distracted, Impaired Driving." More than 1,300 students from around the region got a live demonstration on how distracted and impaired driving can have serious consequences on Wednesday-April 19th. Missoula first responders and Ogren Park at Allegiance Field presented the "Your Choices Matter" Mock Crash in an effort make teens think twice about their decisions when behind the wheel.

In this scenario, a two vehicle crash is caused when a distracted teenage driver crosses the center line and hits a mother and her child head on. An occupant in the teen's car is ejected, while the driver is able to call for help. Emergency responders arrive to find two trapped in the first vehicle, while they aid to the girl who was ejected. After the scenario, two spoke to the students about their own experiences with impaired driving. One was a man convicted of DUI after he caused a crash that killed one of his best friends who was a passenger. The other was the mother of that victim, Cassie Grebele. [Link to Article](#)

## **MOST ADOLESCENTS WHO ABUSE OPIOID DRUGS WERE FIRST MEDICALLY PRESCRIBED THE DRUGS**

The U.S. consumes the majority of the world's prescription opioid supply, and studies show this is a growing trend. One consequence is an increase in the non-medical use of opioids, and related ED visits and overdose deaths. A study funded by the National Institute on Drug Abuse, "[Trends in Medical and Nonmedical Use of Prescription Opioids among US Adolescents: 1976-2015](#)," published in the April 2017 issue of Pediatrics (published online March 20), found a strong correlation between medical and non-medical opioid use among adolescents, particularly boys. **For those who had abused the drugs, they were generally prescribed opioids by a doctor first.**

Researchers examined results from the study, a cross-sectional, nationally representative sample of U.S. high school seniors attending approximately 135 public and private schools from 1976-2015 and **found one-fourth of high school seniors self-reported medical or non-medical use of prescription opioids** and most adolescents who report non-medical use of opioids have a history of medical use of prescription opioids.

The study revealed a recent decline in non-medical use of prescription opioids that coincides with similar declines in medical use, and researchers are hopeful these declines are due to enhanced vigilance in prescribing opioids that will lead to a reduction in opioid-related consequences. **Researchers concluded that due to this correlation between prescription and non-prescription opioid use in adolescents, health professionals who prescribe opioids to adolescents should be concerned, but that more research is needed to examine the associations between medical use of prescription opioids, non-medical use, and opioid use disorders over the lifespan.**

EDITOR'S NOTE: A related commentary on opioid use, "Clues to the Opioid Crisis in Monitoring the Future but Still Looking for Solutions," is also being published in the April Pediatrics.

## **Human Trafficking and Health Professionals: Questions and Answers**

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response  
This resource provides questions and answers for healthcare professionals responding to a disaster regarding what they should know about the relationship between human trafficking and disasters. Topics include some of the signs of human trafficking that may be encountered in a healthcare setting, what to do if a healthcare professional thinks a patient is a victim of human trafficking, and if a healthcare professional can give patients the National Human Trafficking Hotline number and encourage them to call when they are ready.

## **Role of Healthcare Providers in Combatting Human Trafficking During Disasters**

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response  
This web page presents materials that can be used by disaster responders and health professionals to understand the relationship between human trafficking and disasters, how to recognize signs of human trafficking, what resources exist for further training on this topic, and what to do if one suspects a patient is a victim of human trafficking. It discusses how disasters make children and adults vulnerable to human trafficking because disasters often create chaos and disrupt systems that are in place to protect people.

## **2017-2022 Hospital Preparedness Program Performance Measures Implementation Guidance**

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response  
This 98-page document describes the high-level objectives that the health care delivery system, including health care coalitions, hospitals, and emergency medical services (EMS), should undertake to prepare for, respond to, and recover from emergencies. It organizes the performance measures into five sections: Section 1: Input, Activity, and Output Performance Measures; Section 2: Redundant Communications Drill Performance Measures; Section 3: Coalition Surge Test Performance Measures; Section 4: Joint Performance Measures; and Section 5: Select U.S. Territories and Freely Associated States Performance Measures.

## RESPONDING TO AUTISTIC PATIENTS

In the U.S. approximately 1 in 88 children are born with some level of autism, according to the CDC. Recent studies have shown the rate could be as **high as 1 in 60, with an even higher rate for boys**. All of which means EMS providers will come in contact with pediatric patients who have autism.

**Prevent-Educate.org is aiming to teach all first responders—be they firefighters, EMTs, paramedics, police officers or emergency room personnel—how to effectively interact with individuals with autism. The non-profit organization offers training which gives providers the tools needed to effectively communicate with autistic individuals, as well as help reduce or eliminate dangerous behaviors. The training includes a pre-test and participants can earn up to 5 CEUs in most states.**

In the absence of any outward physical markers of the disorder, EMS providers need to be cognizant of the child's behaviors. **Some traits you might observe with a patient with some level of autism include hand flapping; repetition of what is said (also known as echolalia); lining up objects; pacing back and forth; avoiding eye contact; rocking, spinning, jumping or bouncing; limited, delayed or no language; and a high pain threshold.**

Ideally, a 9-1-1 caller will inform dispatch that the individual involved has autism, but knowing in advance which behaviors are common indicators will help. Also be sure to look for Autism Awareness stickers in windows or magnets on a vehicle, as well as ID bracelets on the individual. A large majority of calls for a patient who has autism are for accidental injury. These are kids who typically have no sense of pain or danger. And they're wanderers, and in addition, as many as **25% of patients with autism may develop epilepsy or other seizure disorders during their adolescence.**

When dealing with a pediatric patient who has autism, providers should make full use of parents or caregivers on scene. **Ask the parent or caregiver key questions**, such as: Is the individual verbal or non-verbal? How does the individual react under stress? What usually works to calm them down? Where might the individual hide if they are scared and want to be left alone? Knowing the answers to these questions can save valuable time and let you know the best approach to take with the patient.

**Because individuals with autism may not experience cold, heat or pain in the way most people do, they may not express any pain even with apparent injuries present. Signs the patient with autism may be in pain include laughter, humming or singing, and removing their clothes.** While some patients with autism may be averse to touch, it's important to watch for these signs and do a thorough exam to find any injuries which may be otherwise overlooked.

Patients with autism may become overly stressed or frustrated, at which point they may shut down or have a total meltdown. **Meltdowns are not the same as a temper tantrum.** During a meltdown, individuals with autism aren't able to process how their actions affect others. They may scream, kick, bite, swear and throw things. The best way to deal with a meltdown is to remain calm, lower your voice or stop talking altogether, and let the situation play itself out. Back up to give the patient space. Open your palms and put your arms at your sides. **And always be quietly reassuring and never threaten any consequences.**

**Restraining a patient with autism should only be a last resort.** If calming techniques aren't working or there is no time, explain exactly what you're doing and then do it. Restrain the patient with as many people as you can. If necessary, put the patient's arms at their sides and wrap them in a blanket. They may feel more secure in a close, tight space, and the provider will be safe from any thrashing. Always restrain the patient face up.

Finally, allow parents or primary caregivers to accompany the patient during transport. Inform the hospital in advance that the patient has autism and request a quiet, isolated room. **And try to avoid sensory overload for the patient by turning lights and sirens off, if possible.**

**EMS providers are encouraged to take the pre-test at Prevent-Educate.org to see just how prepared they really are.**

## FOR KIDS FACING SCARY SITUATIONS, MASS. RESPONDERS OFFER A HUG IN A BAG

At the worst moment of a young person's life, a police officer or firefighter (EMT) comes through the door. To a 5-year-old, the uniform is just part of the bad news, another reason to be afraid. But the men and women in uniform can change that. Bribery helps. Ronnie King, the head of human resources at Blount Foods, accepted the task of leading the **Bold Coalition's Hug in a Bag** effort. "We realized that there are children in homes where adults are doing things that impact the children in negative ways," King said. "We are hoping to soften the experience as much as we can." We are creating bags that can be handed to the children to let them know someone cares." The **2,000 bags contain coloring books, sketch pads, card games, fruit snacks, crayons and stuffed animals, among other gifts.**

Rescue workers and police officers will carry the bags. When they go to a home where an adult has overdosed or has been taken away in handcuffs, the public safety responder can give the children in the home the bag. There are four different bags, specialized for boys, girls, and young children and children up to the age of 10. There will also be blankets available for babies. The items are collected from local businesses and community programs.

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## SAFE SLEEP OUTREACH

In safe sleep outreach, considering someone else's point of view means creating messages that reflect their differences, backgrounds, and cultures. Safe to Sleep® offers [educational materials](#) that incorporate the points of view of people in African American, Hispanic, and American Indian/Alaska Native communities.

Progress has been made in reducing the number of Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths in the U.S. But African American and American Indian/Alaska Native communities still experience more SIDS and other sleep-related infant deaths than other communities. African American babies are at twice the risk for SIDS as white babies, and American Indian/Alaska Native babies are at three to four times higher risk. Reducing the risks in these communities will require seeing the issue from their points of view.

The Safe to Sleep® campaign offers resources to use when conducting safe sleep outreach to African American, American Indian/Alaska Native, and Hispanic communities about ways to reduce the risk of SIDS and other sleep-related causes of infant death.

- [Safe Sleep for Your Baby: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death \(AI/AN Outreach\)](#) (PDF - 463 KB)
- [Honor the Past, Learn for the Future: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death \(American Indian/Alaska Native Outreach\)](#) (PDF - 230 KB)
- [Healthy Native Babies Project: Training Videos: For Service Providers Working in Native American and Alaska Native Communities](#)
- [Healthy Native Babies Project: Workbook and Toolkit](#) (PDF - 3,678 KB)
- [Healthy Native Babies Project: Facilitator's Packet \(Includes Training Guides, Resources, and Activity Materials\)](#)

NICHHD recognizes that family members play a key role in keeping infants safe and healthy. Fathers' involvement in an infant's care is associated with better outcomes for the infant. In recognition of the importance of fathers, [NICHHD launched the Fatherhood Initiative](#). **The Safe to Sleep® Campaign also has materials—including videos in [English](#) and [Spanish](#)—that help grandparents learn safe sleep recommendations so that they can help keep their grandbabies safe and healthy.**

You are invited to learn more about the entire tailored Safe to Sleep® campaign materials and consider how you can educate members of your communities on safe infant sleep.

[Find out more about the Safe to Sleep® campaign's outreach to specific communities.](#)



Schedule Cultural Awareness in-person trainings by calling Kassie Runsabove at 406-238-6216 or [Kassie.runsabove@sclhs.net](mailto:Kassie.runsabove@sclhs.net)

## CULTURAL AWARENESS RESOURCE CORNER

Transgender health care is the health related care of preventative medicine, physical health, and mental health that transgender people experience. Heightened levels of violence and the abuse that transgender people experience may result in unique adverse effects on bodily health and mental health.

There is limited data regarding the impact of social determinants of health on transgender and gender non-conforming individual's health outcomes. However, despite the limited data available, transgender and gender non-conforming individuals have been found to be at higher risk of experiencing poor health outcomes and restricted access due to increased risk for violence, isolation, and other types of discrimination both inside and outside the health care setting.

### Health care for transgender youth

Transition options for transgender adolescents and youth are significantly limited compared to those for transgender adults. Prepubescent transgender youth can go through various social changes, such as presenting as their gender and asking to be called by a different name or different pronouns. Medical options for transition become available once the child begins to enter puberty. Under close supervision by a team of doctors, puberty blockers may be used to limit the effects of puberty.

Discrimination has a significant effect on the mental health of young transgender people. A study done on transgender youth in San Francisco found that higher rates of both transgender-based and racial bias are associated with increased rates of depression, post-traumatic stress disorder, and suicidal ideation.

Resources to consider for families:

<http://genderexpansionproject.org/family-resources>

Resources for providers:

<http://project-health.org/transline/>

*Transline* is the national online transgender medical consultation service that offers health care providers up-to-date transgender clinical information and individualized case consultation across a broad range of clinical transgender issues. *Transline* is staffed by expert medical providers from LGBT clinics from around the nation who can help you provide the best possible care to your transgender patients.

## INTRODUCING STOP THE BLEED TO THE EMSC (EMERGENCY MEDICAL SERVICES FOR CHILDREN) COMMUNITY

### DIRECT TO WEBINAR LINK

<https://hrsconnectsolutions.com/p352uij4pi4/?launcher=false&fcsContent=true&pbMode=normal>

This 58-minute webinar describes the need for the Stop the Bleed Program, and discusses who should take the Bleeding Control course. It describes how the average citizen can be prepared to help if the occasion arises, why the Emergency Medical Services for Children (EMSC) Community should be involved in teaching the Stop the Bleed Program, how to access the course materials, and how to teach the course.

More Resources for STOP the Bleed at BleedingControl.org / <http://www.bleedingcontrol.org/resources>

# 2017 MYTransitions Conference

November 13-15, 2017

Red Lion Hotel and Convention Center \* 1223 Mullooney Lane, Billings, MT

Youth with disabilities, families, educators, service providers and counselors are invited to connect, collaborate and learn more about transition planning.

## Featured Keynote Presenters:



**Lisa Goodman-Helfand:** Teacher, author, personal experience with disability  
Comfortable in My Thick Skin \* [www.comfortableinmythickskin.com](http://www.comfortableinmythickskin.com)

**Keith Jones:** Hip-hop artist, entrepreneur, personal experience with disability  
Soul Touchin' Experiences + [dasoultoucha.com](http://dasoultoucha.com)



**Cometry:** Edu-tainers, comedians, poets, diversity artists  
Ignatius Mwela & Esteban Gast \* [www.cometry.org](http://www.cometry.org)

- ◆ Scholarships will be available to youth and families on a first come-first serve basis.
- ◆ OPI Renewal Credits, VR Counselor Continuing Education Credits, Mental Health Professional/Social Worker Credits and University Credits will be available.
- ◆ **NEW THIS YEAR!** An Advocacy and Leadership Skills Track for youth will be available in addition to the regular youth track. Stay tuned for details.

For registration & schedule information, visit [www.montanayouthtransitions.org](http://www.montanayouthtransitions.org)



## COMMUNITY MEDICAL CENTER IN MISSOULA IS OFFERING:

• **C.L.S. ~ OB Provider ~** (Advanced Cardiac Life Support) Two-day course-8:00 am-5:30 pm **May 30 & 31, 2017; August 29 & 30, 2017** -Maternal cardiac arrest occurs in 1:30,000 pregnancies. The ACLS OB course will provide users the knowledge of the physiologic changes that occur in pregnancy and adaptations to advanced cardiac life support. [ACLS-OB Click HERE to register](#)

• **A.C.L.S. Provider ~** Level-Intermediate (Advanced Cardiac Life Support) Two-day course ~ 8:30 am-5:00 pm **May 15 & 16, 2017; July 17 & 18, 2017**- Gallagher Boardroom - Questions Call 327-4009 [Click HERE to register for ACLS New Provider](#)

• **P.A.L.S. Renewal ~ 1-Day course**-Level-Advanced (Pediatric Advanced Life Support) ~ 8:00 am-5:00 pm ~**May 22, 2017** Gallagher Board Room [PALS Renewal click HERE to register](#)

• **P.A.L.S. Provider**-Level-Beginner **Two-Day course**-8:00 am-5:00 pm ~ **April 17 & 18, 2017; June 19 & 20, 2017** -Gallagher Board Room [PALS Provider Click HERE to register](#)

• **N.R.P. Provider/Renewal –May 10, 2017** Level-All levels (Neonatal Resuscitation Program)~ Two- hour time slots available at 8:00 -10:00 am; 10:00 am-12:00 pm; 1:00-3:00 pm; 3:00-5:00 pm ~ CMC Gallagher Board Room. Questions: Call 327-4009 [NRP Provider Course Click HERE to register](#)

## **CMS Emergency Preparedness Rule Update**

Due to the large number of speaking requests CMS has received regarding the final EP Rule, they are offering an additional learning session through the Medicare Learning Network. During this session, CMS will provide an overview of the final rule and steps facilities can take to meet the training and testing requirements by the implementation date of November 15, 2017.

**CMS is hosting a webinar focused on the emergency preparedness requirements for Tribal Healthcare professionals and community leaders on May 18th 2:00-3:30 p.m.-EST [REGISTER HERE](#).**

Don't forget to check out the updated [ASPR TRACIE CMS EP Rule: Resources at Your Fingertips](#) document, where you can find links to resources applicable to a variety of providers and suppliers.

Also, Yale New Haven Health System Center for Emergency Preparedness and Disaster Response recently updated their [CMS EP Rule Crosswalk](#) which maps the association between the CMS EP Rule Conditions of Participation and existing regulatory and accreditation standards.

## ***PEDIATRIC DISASTER RESPONSE AND EMERGENCY PREPAREDNESS***

**The Montana EMS for Children (EMSC) and Child Ready MT will host the 16-hour course developed by the Texas A&M Engineering Extension Service and the National Emergency Response and Rescue Training Center (TEEX.) DATE: [June 16-17, 2017 in Missoula MT \(Course #: MGT439\)](#)  
***FREE in-person TRAINING!!!!*****

**COURSE DESCRIPTION:** This course prepares students to effectively, appropriately, and safely plan for and respond to a disaster incident involving children. **The course addresses the specific needs of pediatric patients in the event of a community-based incident.** This is not a hands-on technical course, but instead a management resource course for stakeholders like pediatric physicians, emergency managers, emergency planners, and members of public emergency departments like EMS, Fire, Police, Public Health, and Hospitals in the field of disaster response and preparedness work.

### **TOPICS:**

- |  |  |
|--|--|
| . Introduction to Pediatric Response       | Emergency Management (EM) Considerations |
| . Implications for Planning and Response   | Functional Access Needs Considerations   |
| . Mass Sheltering                          | Pediatric Triage                         |
| . Allocation of Scarce Resources           | Pediatric Reunification Considerations   |
| . Pediatric Decontamination Considerations |  |

**REGISTRATION IS LIMITED TO 80 PARTICIPANTS. REGISTER NOW TO SAVE YOUR PLACE!**

Registration form is located at: <http://dphhs.mt.gov/publichealth/EMSTS/calendar.aspx>.

Submit the completed Registration Form to Robin Suzor, MT EMSC Program Manager, PO Box 202951, Helena MT 59620, or by fax to (406) 444-1814 Attn: Robin Suzor; Or electronically to [rsuzor@mt.gov](mailto:rsuzor@mt.gov).

## **Say What?: The Ins and Outs of Communicating in a Disaster**

American Academy of Pediatrics 02/23/2017

This one-hour, two-minute webinar identifies models and strategies for internal communications in a children's hospital during an emergency situation.

It describes lessons learned and best practices for external communications from a children's hospital to state-wide and regional partners during an emergency situation. It addresses how the disaster preparedness coordinator in a hospital can start improving communications planning both internally and externally.  
(Video or Multimedia)

## **EMERGENCY NURSING PEDIATRIC COURSE- INSTRUCTOR COURSE**

Sponsored by the MT EMSC –in HELENA and hosted by ST. PETER'S HOSPITAL- on JUNE 17<sup>TH</sup>.

If you are interested in becoming an ENPC Instructor, have instructor potential, and qualify with all the ENA requirements, please call Robin at (406) 444-0901. The MT EMSC will host a fall 2017 ENPC Instructor Course, if interested please email [rsuzor@mt.gov](mailto:rsuzor@mt.gov).

## **EMERGENCY PEDIATRIC CARE COURSE (EPC)**

EPC is a NAEMT course for BLS and ALS providers. This course is designed to help providers with common pre-hospital emergency pediatric encounters. EPC is offered at free through funding provided by the Montana State



**EMS for Children/Child Ready MT Program.**  
**16 hours of accredited pediatric contact time awarded for course completion.**

This is a hybrid course. Students **must complete** the 8 hours of online training **prior** to the scheduled day of skills and simulation. *Access to the online course will be E-mailed to students within three days of course registration. A \$75.00 **deposit** is required to **reserve** a space in the course—you are **not charged if you attend the in-person skills class.***

If you would like to host an EPC course in your area, email [rsuzor@mt.gov](mailto:rsuzor@mt.gov) for more information. Please forward this announcement to anyone who may be interested.

This is a great opportunity for **FREE PEDIATRIC EDUCATION** (16 hours of accredited pediatric contact time)

**JUNE 7, 2017: HELENA AREA**

**SEPTEMBER 8, 2017: LAUREL AREA**

**Scheduling EPC classes for fall dates now. To register go to**  
**<http://www.bestpracticemedicine.com/emergency-pediatric-care/>**

### **TRIVIA**

Answer the trivia and win a 2017 Broselow Tape –to the first 5 to email answers to Robin - [rsuzor@mt.gov](mailto:rsuzor@mt.gov) **NOT** to the listserve.

1. What is a meltdown in children with Autism?
2. What is a hug in a bag?
3. What is N.R.P?



EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 -  
CONTACT INFORMATION: [rsuzor@mt.gov](mailto:rsuzor@mt.gov) or (406) 444-0901

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